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REPEAT PRECRIBING POLICY

Introduction

The purpose of this policy document is to set out the methods by which a repeat prescription will be issued and the roles and responsibilities within the practice.

There are Four Stages:

1. Initiation/ Request
2. Production/ Authorisation
3. Clinical control/ Review
4. Management control

The GP should retain an active involvement throughout the repeat prescribing process and should not delegate any entire part of the process to ancillary staff. Prescriptions can be generated, authorised and reviewed by the Practice Pharmacist and Nurse Practitioner.

1. Initiation/ Request

- The decision to transfer a drug from an acute prescription to a repeat prescription must always be made by the doctor, practice pharmacist or nurse practitioner, after careful consideration of whether the drug has been effective, well-tolerated and is required long-term. The patient should be seen, or at least spoken to, at this stage to ascertain this and check compliance. It is the duty of the GP, practice pharmacist or nurse practitioner to ensure the patient understands the repeat prescribing process and what is required of them.
- Care should be taken to ensure the repeat record is accurate, quantities for each drug are synchronised where possible and review dates are entered.
- Drugs should be linked to medical conditions within the clinical system as appropriate.
- Consideration should be given to alternative drugs and / or generic prescribing where appropriate.

Request

- This will largely be the responsibility of the patient, or their nominated representative.

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- The patient should be given a list of drugs they are currently taking on repeat prescription, forming the right hand side of the prescription slip.
  The patient or his /her representative must have an active role in requesting a repeat prescription.
- The patient should be encouraged to indicate on the repeat request slip which drugs they require when a request is made. If they have left the form blank and it is not obvious from their computer record which medication is needed, then the patient should be contacted, rather than all the medication given to avoid wastage.
- Only very urgent telephone requests or telephone requests from elderly and housebound patients can be taken. Patients should allow 48 hours for requests to be dealt with. This allows adequate time for a good quality repeat prescribing system to operate. For postal requests, to be returned via an SAE, patients should allow one week.
- Patients should be encouraged to tell their GP's if they are no longer taking a repeat medication. The appropriateness of this can then be assessed and the computer updated to reflect the change.
- It is becoming more common for chemists to request repeat medication on behalf of patients. Whilst this has advantages it is worth bearing in mind that not all chemists check with the patient their monthly needs, which can result in everything being ordered when it is not necessarily required. Spot checks with patients and chemists are advisable to ensure the correct dosage and issue of medication is being made to those patients.

2. Production

- This will usually be the responsibility of the receptionist.
- A compliance check is preferable at this stage and the computer should normally alert the user if medication appears to be over or under used. Particular attention should be paid to 'as required' drugs and if problems are suspected the doctor should be alerted, preferably before the prescription is produced.
- You should not supply further repeat prescriptions at shorter time intervals than have been authorised without agreeing the reason for the early request, e.g. holiday.
- Provided there appears to be no problem, a prescription can be generated and left for the doctor to authorise and sign, unless:

  1. The request slip indicates that a review is necessary
  2. Any drug requested by the patient is not on their repeat record
  3. If any of the following drugs are requested (unless they are already on an authorised repeat):

     - Temazepam
     - Diazepam (Valium)
     - Dihydrocodeine
     - Paracetamol and codeine 500/30 preparations, e.g. Solpadol, Tylex
     - PPI

- All controlled drugs

4. Where the item requested has been issued less than one month previously.
5. Any request about which the practice staff are concerned or uncertain.

- Where additions or corrections are made the doctor signing the prescription should initial or countersign against them. A record should be made of any subsequent handwritten alterations to computer-generated prescriptions.
- Blank prescriptions should never be signed by a doctor for later completion by him/herself or a delegate. To do so is in breach of terms of service.
- Unused space should be cancelled out under the last drug by a computerised mechanism or by the doctor deleting the space manually.
- All repeat prescriptions issued should be recorded on the computer.
- Practices should store prescriptions awaiting collection in a secure way and have a standard time limit for collection of repeat medication (e.g. 4 weeks) after which those not collected should be investigated, e.g. no longer required or medication underused and the patients computer records should be updated to reflect this
- It may be that patients need their medication to be placed in blister packs of 7 days. This is usually appropriate for elderly patients and those that have serious difficulties managing their medication. A request should be put in to the surgery by either the chemist, district nurse or support worker and this should be passed to a GP for approval. It is then usual to produce these prescriptions in 7 day dosages and the issuing of them is overseen by a senior member of staff. Care must be given if a medication is switched part way through a prescription, that the dossette boxes are also changed.

3. Clinical Control/ Review

- This is the responsibility of the doctor, practice pharmacist or nurse practitioner (as long as it is within their scope of practice). The practice nurse can review certain patients on behalf of the doctor, e.g. contraception and asthma although patients may not necessarily have to be seen by the doctor. The review date is set on the computer for every 6 -12 months. For those patients who need annual review, e.g. chronic stable conditions, reviewing them in their birthday month may serve to remind patients of their obligation to attend for review.
- A 28-day supply of 28 days will be given. A few patients being given three month's supply, e.g. Oral contraceptives, HRT.
- When patients are on several regular long-term medications, quantities should be prescribed to synchronise repeat intervals. In the UK patient packs are moving towards multiples of 28 days (rather than 30)
- When patients are discharged from hospital, their regular medication may have changed. This is a particularly vulnerable time for errors to occur and ideally the doctor or practice pharmacist should amend the repeat record personally. A check of prescriptions not yet collected should also be made to ensure that it contains the correct medication.

The following considerations should be kept in mind by the doctor or practice pharmacist when carrying out medication review consultations:

1. **Control** of the condition - is this optimal?
2. **Unnecessary medication** - can anything be stopped?
3. **Compliance** -Is the patient taking the medication properly?
   Could the regimen be simplified?
   Is there a problem with unwanted adverse effects?
   Check understanding of medication?
4. **Monitoring** - is this required, e.g. phenytoin levels, INR, TFTs, LFTs, U&Es
5. **Cost Consideration** – change to generics if appropriate, or consider changing to a more cost-effective treatment (use local formulary)

The **NO TEARS** tools is also a useful tool during medication reviews:

Need and indication
Open Questions
Tests and monitoring
Evidence and guidelines
Adverse events
Risk reduction or prevention
Simplification and switches

4. Management control

This would largely be the responsibility of the Practice Manager with significant support from the Reception Manager and Senior Receptionists.

Practice staff that write, or are involved in the preparation of, repeat prescriptions should be appropriately trained in the practice protocols for repeat prescribing, what their responsibilities are, and the need for accuracy. This should be on going, but is particularly important for new staff.

The practice staff are responsible for the day to day running of the system and this should include an appointed member of staff being given responsibility for the daily collection and processing of all repeat prescription requests.

Liaison with local community pharmacists is essential if procedures are changed that may impact on them.

An adequate system for the secure storage and use of FP10s should be in place.

The practice computer system holding the prescribing records must be backed-up regularly.